



APPLICATION FOR REVIEW BUILDINGS, HVAC, FIRE AND COMPONENTS – SBD-118

Complete all pages-

NOTE: Personal information you provide may be used for secondary purposes
[Privacy Law s. 15.04(1)(m), Stats.]

Check our website at
<http://www.commerce.state.wi.us/SB/SB-DivForms.html>
for the most current version of this form.

Indicate date plan will be in our office: _____ **Return confirmed appointment information to: (choose one) fax # _____ email address _____**

Circle your choice of office: 1. Next available appt in any office 2. Green Bay 3. Hayward 4. LaCrosse 5. Madison 6. Shawano 7. Waukesha. **Toll free fax number (877) 840-9172**

Transaction ID: _____

Previous Related Trans ID: _____

Assigned Reviewer: _____

Assigned Office: _____

Reviewer Start Date*: _____

*Plans must be received in the assigned office no later than 2 working days before the review start date. Review completion may differ depending on project complexity and submittal completeness.

1. Type of Submittal or Service Requested (check all that apply)

- ☐ New
☐ Alteration
☐ Addition/Alteration
☐ Approval Extension
☐ Revision
☐ Revision Following Held Plans
☐ Follow Up of a Denial Within 8 Months
☐ Preliminary Consultation (contact reviewer before scheduling or submitting)
☐ Footing & Foundation Plans Only
☐ Structural Framework – Shell Only
☐ Permission to Start
☐ Multiple Identical Buildings (see box 5)
Number of Buildings _____

Objects Submitted for Review (check all that apply)

- ☐ Building
☐ Membrane Construction
☐ Canopy
☐ Elevated Pedestrian Access
☐ Historical Building—Review per COMM 70 Structure
☐ Bleacher
☐ Stand Alone Bleacher (not part of building project)
☐ Rack Supported Storage Building
☐ Building & HVAC
☐ HVAC
☐ HVAC Alone (no related bldg submittal)
☐ Kitchen Exhaust Hood
☐ Fire Suppression (see box 7)
☐ Fire Detection/Alarm (see box 7)

Structural Component Plan(s) which accompany this submittal (check all that apply):

- ☐ Roof Truss ☐ Metal Bldg
☐ Floor Truss ☐ Fire Escape
☐ Steel Girder ☐ Precast Plank
☐ Laminated Wood ☐ Precast Wall

2. Occupancy Type

Major Use – Check Use with the Greatest Floor Area

- ☐ A Assembly A1 A2 A3 A4 A5
☐ B Business/Office B
☐ E Educational E
☐ F Factory/Industrial F1 F2
☐ H Hazardous H1 H2 H3 H4 H5
☐ I Institutional/Daycare/CBRF I1 I2 I3 I4
☐ M Mercantile/Retail M
☐ R Residential R1 R2 R3 R4
☐ S Storage S1 S2
☐ U Utility/Misc U

Additional Non-Accessory Occupancies – Circle All that Apply)

3. Construction Information

Construction Class – Circle One

IA IB IIA IIB IIIA IIIB IV VA VB

Area (project area, include all levels): _____ sq ft

Number of Floor Levels _____

Total Building Volume is less than 50,000 Cu. Ft. ____ Yes ____ No

Seismic Review Threshold (circle one)

1. B-F and greater than 1 story 2. A or 1 story
3. Non-Structural Alteration

IF YOU ARE USING THIS APPLICATION TO COMPLETE A BUILDING PROJECT THAT IS ALREADY APPROVED, PLEASE INDICATE THAT TRANSACTION NUMBER. THEN COMPLETE ONLY THE FOLLOWING: BOX #1, BOX #4 (COMPLETE IF THIS IS A PARTIAL PROJECT), BOX #5 (IF IT APPLIES), BOX #6 AND THE CUSTOMER BOXES.

4. Project Information – Fill in all known information

Site Number If Known

Project/Site Name _____

Tenant name or building designation _____

Previous Tenant Name _____

Number & Street _____

County _____ City () Village () Town () of _____

5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)

Building/Facility Name/Designation	Building/Facility Address

6. After plans are reviewed, please: (check all that apply)

____ Call Customer 1, 2, 3, 4 (circle number)* ____ Mail plans to customer 1, 2, 3, 4 (circle number)* ____ Hold plans for pickup by designer or designated agent

*Refers to customer number from below

Designer Information (Customer 1)

First Name _____ Last Name _____ Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-Mail _____

Check others if applicable First Time Submitter ____ Yes ____ No

☐ Designer of ____ Bldg ____ HVAC, ____ Fire Alarm ____ Fire Suppression ____ Owner

Designer A/E # _____

☐ Supervising Professional A/E # _____ of ____ Bldg ____ HVAC

Property Owner (not leasee) Information (Customer 3)

First Name _____ Last Name _____ Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-Mail _____

Designer Information (Customer 2)

First Name _____ Last Name _____ Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-Mail _____

Check others if applicable First Time Submitter ____ Yes ____ No

☐ Designer of ____ Bldg ____ HVAC, ____ Fire Alarm ____ Fire Suppression ____ Owner

Designer A/E # _____

☐ Supervising Professional A/E # _____ of ____ Bldg ____ HVAC

Other (Customer 4)

First Name _____ Last Name _____ Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-Mail _____

7. Fire Protection (Check System Type That Applies)

Fire suppression and alarm plans are required for certain occupancies. See building approval letter or contact us for requirements. When required, the plans for fire sprinkler, fire detection, and fire alarm must be submitted to the office indicated on your building plan approval letter. Please include the original building transaction number on the second line of page 1, upper right hand box. Do not submit fire suppression or fire alarm plans together with building or HVAC plans. A separate application form and plan sets are required.

Fire Alarm:

☐ Complete ☐ Partial ☐ None
Type: ☐ Automatic Detection ☐ Manual Alarm

Monitoring Type:

☐ Central Station ☐ Proprietary Supervision
☐ Remote Supervision ☐ Protected Premises

Fire Suppression:

☐ Complete ☐ Partial ☐ None
Type: ☐ Wet ☐ Dry ☐ Pre-action/Deluge
☐ Anti-Freeze ☐ Manual Wet

Monitoring Type:

☐ Central Station ☐ Proprietary Supervision
☐ Remote Supervision ☐ Protected Premises

NFPA Fire Suppression Standards used

☐ 11 ☐ 11A ☐ 12 ☐ 13 ☐ 13R
☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 17R
☐ 17A ☐ 20 ☐ 22 ☐ 24 ☐ 750
☐ 2001 ☐ Other _____

8. Other Potential Plan Submittals Required For A Project?

- Petition for Variance – Submit form SBD-9890
- Plumbing and private sewage systems under chapters Comm 81-85
- Elevators or Escalators under chapter Comm18
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter Comm 90
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter Comm 10
- There is no state electrical review

Contact S&BD for individual submittal requirements for all of the above.

For licensing of Hotels, Motels, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the WI Environmental Sanitation Section at (608) 266-2835. The Wisconsin Permit Center at 1-800-435- 7287 may be able to help you with other state permit requirements.

Note: Be aware that State Plan Review & Approval is separate from Local Permits. Always check with the local municipality and county for their requirements.

9. Required Signatures

- a) **SUPERVISING PROFESSIONALS** If building will be 50,000 cu ft or greater (Comm 61.50) I have been retained by the owner as the supervising professional per Comm 61.50 for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the Department and municipality certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the Department as such and indicating the current status of compliance.

Supervising Professional's Signature _____ (☐ Building (☐ Hvac Date _____

Supervising Professional's Signature _____ (☐ Building (☐ Hvac Date _____

Supervising Professional's Signature _____ (☐ Building (☐ Hvac Date _____

Supervising Professional's Signature _____ (☐ Building (☐ Hvac Date _____

- b) **COMPONENT SUBMITTAL** The Department requires that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer _____ Date Signed _____ Name of Component Fabricator _____

- c) **Optional Service**-Permission to start requested – Be sure to check box under Building Submittal Type on front page)
☐ As the owner, I request to begin footing and foundation work PRIOR to plan review approval. I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction. I will not permit construction above the foundation until approved plans are at the site.

(Additional \$50.00 Fee per building) Request is for the following buildings: _____

Owner's Signature _____ Date _____

10. Statements of Owners and Designer

- a) **OWNERS Statement** The owner indicated on page 1 requests that plans be reviewed for compliance with the code requirements set forth in Chapters Comm 61 to 65 of the department. The owner recognizes responsibility for compliance with all the code requirements and any conditions of approval. If a building is 50,000 cubic feet in total volume or greater, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect {Comm 61.31}. Signatures and seals affixed to the plans shall be original.

- b) **DESIGNERS Statement** (Comm 61.20, 61.31 (1), and 61.50) The designer indicated on page 1 of this form is responsible for preparing or supervising the preparation of the plans to the best of his/her knowledge to comply with the applicable codes of the Division of Safety & Buildings for this submittal. If a building, following construction of this project, contains more than 50,000 cubic feet in volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer, architect, or designer {Comm 61.31(1)}. Signatures and seals affixed to the plans shall be original.

11. Fee Calculation Instructions
FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE
 Calculate appropriate fee on page 4 and enter total on Page 4.

- I. Building, heating and ventilation, fire alarm and suppression plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table Comm 2.31-1 or Table 2.31-2

Note: Comm 2 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

Table 2.31-1
Plan Review Fees for
Buildings Not Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$260	\$160	\$30	\$30
2,501 - 5,000	330	220	60	60
5,001 - 10,000	550	260	80	80
10,001 - 20,000	750	400	150	150
20,001 - 30,000	1,100	540	220	220
30,001 - 40,000	1,500	830	360	360
40,001 - 50,000	2,000	1,100	500	500
50,001 - 75,000	2,700	1,500	720	720
75,001 - 100,000	3,400	2,100	1,000	1,000
100,001 - 200,000	5,600	2,700	1,300	1,300
200,001 - 300,000	9,900	6,300	3,100	3,100
300,001 - 400,000	15,000	9,200	4,500	4,500
400,001 - 500,000	18,500	12,000	5,900	5,900
Over 500,000	20,000	13,500	6,700	6,700

Table 2.31-2
Plan Review Fees for
Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings

This table may be utilized for projects in municipalities that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department of Commerce. Reduced fees do not apply to state owned buildings. Check our website home page at <http://www.commerce.state.wi.us/SB/SB-commercialbuildingscertifiedmunicipalities.html>, or call 608-266-3151 for the current list.

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$220	\$130	\$15	\$15
2,501 - 5,000	290	200	50	50
5,001 - 10,000	480	220	60	60
10,001 - 20,000	670	340	120	120
20,001 - 30,000	990	480	190	190
30,001 - 40,000	1,300	750	320	320
40,001 - 50,000	1,800	1,000	450	450
50,001 - 75,000	2,400	1,300	600	600
75,001 - 100,000	3,000	1,900	900	900
100,001 - 200,000	5,000	2,400	1,150	1,150
200,001 - 300,000	8,900	5,700	2,800	2,800
300,001 - 400,000	13,400	8,300	4,100	4,100
400,001 - 500,000	16,700	10,800	5,300	5,300
Over 500,000	18,000	12,100	6,000	6,000

NOTE: A plan entry fee of \$100.00 shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees.

Note: A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time**: The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 2.31-1 or 2.31-2 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

12. CALCULATION OF FEES

Determine Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas. Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
Total Area				=	_____

B. Determine Fee Table: Determine the appropriate fee table based on the project location.

C. Compute Total Fee

- **Building Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Hvac Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Fire Alarm Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Fire Suppression Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Miscellaneous Fee** (\$200.00) \$_____.00
(plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans more than 10 feet apart, etc)
- **Permission to Start Construction** No. of Buildings _____ X (\$50.00) \$_____.00
- **Revision to previously reviewed, but not denied, plans** No. of Buildings _____ X (\$50.00) \$_____.00
(This includes submittal of revised plans, within 30 days, after an additional information/hold action)
- **Additional number of plan sets** No. of Plan sets in excess of 5 _____ X (\$20.00/set) \$_____.00
- **Components** \$_____.00
(Trusses, precast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, fee is \$0. If submitted as a stand alone project, fee is \$200. The \$100 submittal fee applies per submittal corresponding to each building transaction.)
- **Other** \$_____.00
- **Submittal Fee** (required for each and every separate submittal) \$ **100.00**
- **Additional sets of approved plan sets requested after plan approval** No. of Plan Sets _____ X (\$20.00) \$_____.00
- **Plan Approval Extension** (\$100.00) \$_____.00

MAKE CHECKS PAYABLE TO DEPT OF COMMERCE.

ATTACH CHECK TO PAGE 1

Total Amount Due

\$ _____
Revenue Code 7648

13. Appointment, Scheduling Information, and Plan Submittal Checklist.

For your convenience we have installed a 24-hour, toll free number dedicated to receiving fax plan review appointment requests only. Fax completed page 1 to 877-840-9172. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office. You will receive a Schedule Letter back with an Appointment Date, Transaction ID No. and Assigned Reviewer. You may also email the request to PlanSchedule@commerce.state.wi.us. At the time of making an appointment, you may request review for a specific office or desired (beginning) date for review. Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment. Non-scheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability. To obtain a submittal check list call the material order unit at 608-266-1818 or one of the full service offices listed below. You may email technical code questions to blgdtech@commerce.state.wi.us or fax to (608) 283-7403.

Madison S&BD 201 W Washington Ave 53703 PO Box 7162 Madison WI 53707-7162 608-266-3151 TDD 608-264-8777 Fax (for sending questions or additional info to reviewers) 608-267-9566	Hayward S&BD 10541N Ranch Rd Hayward WI 54843 715-634-4870 Fax (for sending questions or additional info to reviewers) 715-634-5150	LaCrosse S&BD 4003 N Kinney Coulee Rd LaCrosse WI 54601-1831 608-785-9334 Fax (for sending questions or additional info to reviewers) 608-785-9330	Shawano S&BD 1340 E Green Bay Shawano WI 54166 715-524-3626 Fax (for sending questions or additional info to reviewers) 715-524-3633	Green Bay S&BD 2331 San Luis Place Green Bay, WI 54304 920-492-5601 Fax (for sending questions or additional info to reviewers) 920-492-5604	Waukesha S&BD (after March 11, 2003) 141 NW Barstow St. 4 th Floor Waukesha WI 53188-3789 262-548-8600 Fax (for sending questions or additional info to reviewers) 262-548-8614
---	---	--	--	--	--